

# STANDARD CERTIFICATE OF DEATH

13299

State File No. ....

FILED APR 29 1953

BIRTH NO. .... REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cedar</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cedar</u>	
c. LENGTH OF STAY (In this place) <u>0100</u>		d. STREET ADDRESS (If rural, give location) <u>Ashland R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ashland R.F.D.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Christopher C.</u> b. (Middle) <u>Little</u> c. (Last) <u>Little</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 24-1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 17-1873</u>		9. AGE (In years last birthday) <u>80</u> If UNDER 1 YEAR Months <u>2</u> Days <u>7</u> If UNDER 1 MEX. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Little</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Hettie Little</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>770</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hettie Little</u>	
				ADDRESS <u>Ashland Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epithelioma on face</u>		<u>2 yrs</u>	

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>4222H</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	

22. I hereby certify that I attended the deceased from July 10, 1952, to Apr-24, 1953, that I last saw the deceased alive on Apr-21, 1953, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>F.C. Luggett M.A.</u>		(Degree or title)		23b. ADDRESS <u>Columbia Mo</u>	
23c. DATE SIGNED <u>4-25-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-26-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Johnson Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Ashland R.F.D. Mo</u>					
DATE REC'D BY LOCAL REG. <u>4-26-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Mildred Burnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm L. Burnett</u>	
				ADDRESS <u>Ashland Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 25 1954

JUN 27 1956

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W<sup>m</sup> C. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashtland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.